

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

SEP 17 2004

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

32270 7590 08/10/2004

VINIT G. KATHARDEKAR
PHARMACYCLICS, INC.
995 E. ARQUES AVENUE
SUNNYVALE, CA 94085

09/20/2004 RMEBRAH1 00000041 161450 09699027

01 FC:2501 665.00 DA
02 FC:8001 15.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

RHONDA J. STINE	(Depositor's name)
<i>Rhonda J. Stine</i>	(Signature)
SEPTEMBER 13, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/699,027	10/27/2000	Jonathan L. Sessler	4201.01 US	6781

TITLE OF INVENTION: METHOD AND COMPOSITIONS FOR TREATING ATHEROMA, TUMORS AND OTHER NEOPLASTIC TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUKTON, DAVID	1653	514-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. VINIT G. KATHARDEKAR

2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(1) PHARMACYCLICS, INC.

(2) BOARD OF REGENTS, UNIVERSITY OF TEXAS SYSTEM

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(1) SUNNYVALE, CALIFORNIA

(2) AUSTIN, TEXAS

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-1450 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

13th Sept. '04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. 1.311)

Docket No.
4202.01 US

Applicant(s): **Sessler et al.**

Serial No.
09/699,027

Filing Date
10/27/2000

Examiner
Lukton, David

Group Art Unit
1653

Confirmation No.
6781

Invention: **METHODS AND COMPOSITIONS FOR TREATING ATHEROMA, TUMORS
AND OTHER NEOPLASTIC TISSUE**

Mail Stop Issue Fee
TO THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 665.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
- ☐ Publication Fee: _____
- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 16-1450
as described below.
- ☒ Charge the amount of \$665.00
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

[Signature]

Dated: 13th Sept. '04

Vinit G. Kathardekar, Reg. No. 39,461
Attorney for Applicants
Pharmacyclics, Inc.
995 E. Arques Avenue
Sunnyvale, CA 94085
Phone: 408.774.0330
Fax: 408.774.0340
Email: Legal@pcyc.com

CC:

Certificate of Transmission by Facsimile
This certificate may only be used if paying
by deposit account.

I certify that this document and authorization to charge
deposit account is being facsimile transmitted to the United
States Patent and Trademark Office (Fax No.
)

Date

Signature

Typed or Printed Name of Person Signing Certificate

Certificate of Mailing by First Class Mail

I certify that this document and fee is being deposited
on 09/13/2004 with the U.S. Postal Service as
first class mail under 37 C.F.R. 1.8 and is addressed to the
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450.

[Signature]
Signature of Person Mailing Correspondence

Rhonda J. Stine

Typed or Printed Name of Person Mailing Correspondence